

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90083 027 \*\*\*150.00

**DOCUMENT # M76662**

1. Entity Name  
**SHER REALTY INC.**



Principal Place of Business  
~~400 EAST TROPICAL WAY~~  
~~PLANTATION FL 33317~~  
~~US~~

Mailing Address  
1271 SKYLARK DRIVE  
WESTON FL 33327-2380  
US



2. Principal Place of Business

3. Mailing Address

**801 South Federal Hwy.**

Suite, Apt. #, etc.

**Suite # 815**

City & State

City & State

**Dania**

Zip

Country

**33004**

**Broward**

Zip

Country

4. FEI Number **65-0193903**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHER, VICTOR**

~~400 EAST TROPICAL WAY~~  
~~PLANTATION FL 33317~~

Name

**Sher, Victor**

Street Address (P.O. Box Number is Not Acceptable)

**1271 Skylark Drive**

City **Weston**

**FL**

Zip Code

**33327-2380**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Victor Sher**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/26/03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD, SHER, VICTOR** ☐ Delete  
NAME  
STREET ADDRESS ~~400 EAST TROPICAL WAY~~ **1271 Skylark Dr**  
CITY-ST-ZIP ~~PLANTATION FL~~ **Weston, FL 33327**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1271 Skylark Drive**  
CITY-ST-ZIP **Weston, FL 33327-2380**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Victor Sher**

**3/26/03 (954) 389-7681**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)